

COOK COUNTY BUREAU OF HUMAN RESOURCES **DISCIPLINARY ACTION FORM**

This form must be completed for all disciplinary action other than oral reprimands. Attach a copy of ALL related documents, including the Notice of Pre-Disciplinary Hearing. Print clearly.

| Department: | Employee's Name: | |
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| Employee's Collective Bargaining Representative: Supervisor's Name: | Department: | |
| Supervisor's Name: | Employee's Job Title: | Position ID: |
| Department Head's Name: | Employee's Collective Bargaining Repre | esentative: |
| Date of Pre-Disciplinary Hearing: | Supervisor's Name: | |
| Discipline Imposed: | Department Head's Name: | |
| Written Reprimand Suspension Termination Effective Date: | Date of Pre-Disciplinary Hearing: | |
| Effective Date: | Discipline Imposed: | |
| Supervisor AND DEPARTMENT HEAD CERTIFICATION I hereby certify that the above Disciplinary Action is not based on any Political Reasons or Factors and is in compliance with the Disciplinary Action Policy and Employment Plan. With respect to all County jobs under the jurisdiction of the Cook County Board President that are not exempt under Shakman, I certify that I am aware that I am strictly prohibited from conditioning, basing or knowingly prejudicing or affecting any term or aspect of County employment of hiring upon or because of any political reason or factor or knowingly inducing, aiding abetting, participating in cooperating with or threatening any act which is proscribed above. I certify, under penalty of perjury, as provided by the law that to the best of my knowledge, Political Reasons or Factors did not enter into any County Employment Actions taken with respect to the above prohibitions may result in sanctions, including disciplinary action up to and including termination and may subject me to criminal prosecution. Supervisor Name: | Written Reprimand | Suspension Termination |
| I hereby certify that the above Disciplinary Action is not based on any Political Reasons or Factors and is in compliance with the Disciplinary Action Policy and Employment Plan. With respect to all County jobs under the jurisdiction of the Cook County Board President that are not exempt under Shakman, I certify that I am aware that I am strictly prohibited from conditioning, basing or knowingly prejudicing or affecting any term or aspect of County employment of hiring upon or because of any political reason or factor or knowingly inducing, aiding abetting, participating in cooperating with or threatening any act which is proscribed above. I certify, under penalty of perjury, as provided by the law that to the best of my knowledge, Political Reasons or Factors did not enter into any County Employment Actions taken with respect to the above Disciplinary Action. I understand that failure to comply with the above prohibitions may result in sanctions, including disciplinary action up to and including termination and may subject me to criminal prosecution. Supervisor Name: Date: Date: Date: Date: Date: Date: Date: Date: | Effective Date: | |
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| Title: Department Head Name: Signature: | that I am aware that I am strictly prohibited from con employment of hiring upon or because of any p cooperating with or threatening any act which is pro best of my knowledge, Political Reasons or Factors Disciplinary Action. I understand that failure to comp | nditioning, basing or knowingly prejudicing or affecting any term or aspect of County political reason or factor or knowingly inducing, aiding abetting, participating in scribed above. I certify, under penalty of perjury, as provided by the law that to the did not enter into any County Employment Actions taken with respect to the above ply with the above prohibitions may result in sanctions, including disciplinary action |
| Department Head Name: Signature: | Supervisor Name: | Signature: |
| | Title: | Date: |
| Title: Date: | Department Head Name: | Signature: |
| | Title: | Date: |

ACKNOWLEDGEMENT OF RECEIPT

Employee Signature: _____ Date: _____